

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>CC</i>	1091	8-10-01
RESPONSE FORMALITY REVIEW	<i>CC</i>	51114	11-05-01

INDEX OF CLAIMS

- |   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

Claim	Date	
Final	Original	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		

Claim	Date	
Final	Original	
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
4167	✓	
4168	✓	
4169	✓	
4170	✓	
4171	✓	
4172	✓	
4173	✓	
4174	✓	
4175	✓	
4176	✓	
4177	✓	
4178	✓	
4179	✓	
4180	✓	
4181	✓	
4182	✓	
4183	✓	
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

Claim	Date	
Final	Original	
101		
102		
103		
104		
105		
106		
107		
108		
109		
110		
111		
112		
113		
114		
115		
116		
117		
118		
119		
120		
41321	✓	
41322	✓	
41323	✓	
41324	✓	
41325	✓	
41326	✓	
41327	✓	
41328	✓	
41329	✓	
41330	✓	
41331	✓	
41332	✓	
41333	✓	
41334	✓	
41335	✓	
41336	✓	
41337	✓	
41338	✓	
41339	✓	
41340	✓	
41341	✓	
41342	✓	
143		
144		
145		
146		
147		
148		
149		
150		

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)